FOSTER GRANDPARENT PROGRAM OF NORTHERN UTAH
STUDENT ASSIGNMENT PLAN- ELEMENTARY/ SECONDARY SCHOOLS
2021 School Year

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Find us on Facebook

Foster Grandparent: _____

Volunteer Station/Site: _____

Supervisor's Name: _____

Service Schedule: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Return to the Foster Grandparent Program office by October 15th

It is a federal requirement that all Foster Grandparents have an assignment plan for the children with whom they are assigned to tutor at the start of each school year. Foster Grandparents are assigned to your organization to provide one-on-one assistance and perform duties based on the needs of each child. Foster Grandparents must serve children who have special or exceptional needs and/or who are scoring below benchmark in a core academic area. Foster Grandparents need to tutor the assigned children on a continual basis, no fewer than two times per week, for true impact results to be measured.

This completed assignment plan becomes the volunteer's "job description." Please review it with the volunteer to ensure that the required activities are understood. Obtain all signatures and make copies for your site and for the Foster Grandparent. The Foster Grandparent Program recognizes and respects the confidentiality of all of the children involved in the program. Please be assured that all of the information that you provide will only be used in aggregate and no specific child will be identified.

INSTRUCTIONS

Please list the **first name** of all children the Foster Grandparent is currently assigned to work with. The children selected for the assignment plan should be the children who are most in need of one-on-one tutoring in a core academic area.
List the grade of the student.
Select one or more special/exceptional needs. Children assigned to Foster Grandparents, by law, must have a special or exceptional need in order to receive assistance.
Select activities to be performed during tutoring sessions.

I certify that I am qualified to attest to the needs described above or have consulted with or reviewed documentation prepared by an appropriate professional who verified the needs, such as, but not limited to, a physician, psychiatrist, psychologist, registered nurse or licensed practical nurse, speech therapist, educator, or a member of the professional or executive staff of the volunteer station. ***I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.***

_____ _____
Signature: School Principal Date .

I accept this assignment plan:

_____ _____
Signature: Foster Grandparent Volunteer Date .

I approve this assignment plan:

_____ _____
Signature: FGP Staff Date .

*** Check all boxes that apply to each student tutored. The special and exceptional needs are listed at the bottom of the page.

		Special/ exceptional need (Reason tutoring needed)						Tutoring Activity to be Performed						Expected Outcome		
Students Name (First Name only)	Grade	B	C	G	H	I	Other	Assist with Literacy/ Reading Skills	Assist with Math/ Numeracy Skills	Homework Assistance	Social/ Emotional Activities	Assist with Fine Motor Skills	Staying on task	Improve	Remain the Same	Not Improve

Special/ Exceptional Needs

B	Developmental : Delayed Reader, Delayed in Math
C	Emotional Challenges
G	Language Barriers ELL/ESL
H	Learning Disabilities
I	Physical Dishabilles
Other:	Foster Child, Active Duty Military Child, Hearing Impaired, Visually Impaired

Please fill out, if available
Number of Children tutored who are in Foster Care: _____
Number of Children tutored in Active Duty Military Families: _____